

(Rev. 12/98)

CT-1120S

S CORPORATION BUSINESS TAX RETURN

S
1998

ENTER INCOME YEAR BEGINNING _____, 1998 AND ENDING _____, 19 _____

CT TAX REGISTRATION NUMBER

| | | | | | | | | | |
|--|---|-------------------|-------|----------|----------------------------|--|------------------------------------|---|---|
| Total Assets | L A B E L H E R E | Corporation Name | | | | | 0 | 0 | 0 |
| Gross Receipts | | Number and Street | | | | | DATE RECEIVED (For Dept. Use Only) | | |
| Federal Business Activity Code | | City or Town | State | ZIP Code | FEDERAL EMPLOYER ID NUMBER | | | | |
| Audited By <input type="checkbox"/> F <input type="checkbox"/> O | | | | | | | | | |

CHECK EACH APPLICABLE BOX AND COMPLETE INFORMATION BELOW

CHANGE OF: ☐ Mailing Address ☐ Closing Month RETURN STATUS: ☐ Initial Return ☐ Final Return ☐ Short Period
IF THIS IS A SHORT PERIOD, PLEASE CHECK CORRESPONDING BOX: ☐ Merger ☐ Acquisition ☐ Change of Filing Status

IF THIS IS A FINAL RETURN, HAS THE CORPORATION:

☐ DISSOLVED ☐ WITHDRAWN ☐ MERGED / REORGANIZED (Enter survivor's CT Tax Registration Number) _____

State of incorporation _____ Date of organization _____ Date qualified in CT _____ Date business began in CT _____

DOES THIS RETURN INCLUDE THE ASSETS, LIABILITIES AND ITEMS OF INCOME, DEDUCTION AND CREDIT OF A SUBSIDIARY THAT IS A QUALIFIED SUBCHAPTER S SUBSIDIARY (QSSS)? ☐ Yes ☐ No

If yes, please indicate how many QSSSs are included in this return _____ and attach a copy of the federal QSSS election form and a schedule listing the name and Connecticut Tax Registration Numbers of each.

Was this company included in a Connecticut Combined Corporation Business Tax Return for any prior year? ☐ Yes ☐ No

COMPUTATION OF NET INCOME

| | | | |
|---|---|---|--|
| 1. Federal ordinary income (loss) (Federal Form 1120S, Line 21) | ▶ | 1 | |
| 2. Unallowable deduction for corporation tax (Schedule F, Line 8) | ▶ | 2 | |
| 3. Net Income: (Add Line 1 and Line 2) | ▶ | 3 | |

SCHEDULE A - COMPUTATION OF TAX ON NET INCOME

| | | | |
|--|---|---|----|
| 1. Net Income (Line 3 above) (If 100% Connecticut, also enter on Schedule A, Line 3) | ▶ | 1 | |
| 2. Apportionment fraction (Carry to six places. See instructions.) | ▶ | 2 | 0. |
| 3. Connecticut net income (Multiply Line 1 by Line 2) | ▶ | 3 | |
| 4. Operating loss carryover (Form CT-1120/CT-1120S ATT, Schedule H, Line 6) | ▶ | 4 | |
| 5. Connecticut S corporation net income or loss (Subtract Line 4 from Line 3) | ▶ | 5 | |
| 6. Connecticut S corporation net income subject to tax: Multiply Line 5 by 75% (.75) | ▶ | 6 | |
| 7. TAX: Multiply Line 6 by 9.50% (.095) | ▶ | 7 | |

SCHEDULE B - COMPUTATION OF MINIMUM TAX ON CAPITAL

| | | | |
|--|---|---|----|
| 1. Minimum tax base (Schedule D, Line 6, Column C) (If 100% Connecticut, enter on Line 3) | ▶ | 1 | |
| 2. Apportionment fraction (Carry to six places. See instructions.) | ▶ | 2 | 0. |
| 3. Multiply Line 1 by Line 2 | ▶ | 3 | |
| 4. Number of months covered by this return | ▶ | 4 | |
| 5. Multiply Line 3 by Line 4, then divide by 12 | ▶ | 5 | |
| 6. TAX: (3 and 1/10 mills per dollar. Multiply Line 5 by .0031) (Maximum tax for Sch. B is \$1,000,000) | ▶ | 6 | |

SCHEDULE C - COMPUTATION OF AMOUNT PAYABLE (MINIMUM TAX \$250)

| | | | |
|---|---|----|--|
| 1. Tax (Larger of Schedule A, Line 7, or Schedule B, Line 6 or \$250) | ▶ | 1 | |
| 2. Tax Credits (Form CT-1120SK, Part III, Line 13, Column B) | ▶ | 2 | |
| 3. Balance of tax payable (Subtract Line 2 from Line 1. If zero or less, enter -0-) | ▶ | 3 | |
| 4. TAX PAYMENTS | | | |
| (a) Paid with application for extension, Form CT-1120S EXT | ▶ | 4a | |
| (b) Paid with estimates (Forms CT-1120 ESA, ESB, ESC & ESD) | ▶ | 4b | |
| (c) Overpayment from prior year | ▶ | 4c | |
| 5. Balance of tax due (overpaid) (Subtract Line 4 from Line 3) | ▶ | 5 | |
| 6. Add: Penalty ▶ (6a) _____ Interest ▶ (6b) _____ CT-1120I Interest ▶ (6c) _____ | ▶ | 6 | |
| 7. Amount to be: credited to 1999 estimated tax ▶ (7a) _____ refunded ▶ (7b) _____ | ▶ | 7 | |
| 8. Balance due with this return (Add Line 5 and Line 6) | ▶ | 8 | |

Make check payable to: COMMISSIONER OF REVENUE SERVICES. Write the S corporation's Connecticut Tax Registration Number and "1998 Form CT-1120S" on the check. Attach check to return with paper clip. DO NOT STAPLE.

Mail to: STATE OF CONNECTICUT
Department of Revenue Services
PO Box 150406
Hartford CT 06115-0406

Attach a complete copy of federal Form 1120S including
all schedules as filed with the Internal Revenue Service

▶ ☐ Check if you do not want a booklet sent to you next year. Checking this box does not relieve you of your responsibility to file.

| SCHEDULE D – COMPUTATION OF MINIMUM TAX BASE (See instructions) | | COLUMN A | COLUMN B | COLUMN C |
|--|--|-------------------|-------------|---|
| | | BEGINNING OF YEAR | END OF YEAR | (COLUMN A plus COLUMN B) DIVIDED BY 2 |
| 1. Capital stock (Federal Schedule L, Line 22) | | | | |
| 2. Surplus and undivided profits (Federal Sch. L, Line 23 and Line 24) | | | | |
| 3. Surplus reserves (Attach schedule) | | | | |
| 4. Total (Add Lines 1, 2 and 3) Enter average in Column C | | | | |
| 5. Holdings of stock of private corporations (Sch. E) Enter average in Column C . | | | | |
| 6. Balance (Subtract Column C, Line 5 from Column C, Line 4. Enter here and on Schedule B, Line 1) | | | | |

| SCHEDULE E – HOLDINGS OF STOCK | | |
|--|-----------------------------|-----------------------|
| NAME OF CORPORATION | BEGINNING OF YEAR AMOUNT | END OF YEAR AMOUNT |
| | | |
| | | |
| | | |
| | | |
| | | |
| TREASURY STOCK | | |
| TOTAL Enter here and on Schedule D, Line 5 | | |

| SCHEDULE F – TAXES | COLUMN A | COLUMN B |
|---|----------|----------|
| 1. Payroll | | |
| 2. Real property | | |
| 3. Personal property | | |
| 4. Sales and use | | |
| 5. Other | | |
| 6. Connecticut corporation business (deducted in the computation of federal ordinary income (loss)) | | |
| 7. Tax on or measured by income or profits imposed by other states or political subdivisions (deducted in the computation of federal ordinary income (loss)) ATTACH SCHEDULE | | |
| 8. Total unallowable deduction for Connecticut corporation business tax purposes (Add Column B, Line 6 and Line 7. Enter here and on front, Computation of Net Income, Line 2) | | |

| SCHEDULE G – ADDITIONAL REQUIRED INFORMATION | | |
|--|---------|-------|
| Name of Officer | Address | Title |
| | | |
| | | |
| | | |
| | | |

1. Is the principal place of business located in Connecticut? ☐ Yes ☐ No If "No," enter State where principal place of business is located _____

2. In what Connecticut towns does the corporation own or lease (as lessee) real or tangible personal property, or perform services?

3. a. Did this corporation transfer a controlling interest in an entity owning Connecticut real property? ☐ Yes ☐ No
 If "Yes," enter: Entity Name ☐ Federal Employer ID Number ☐
 b. Was there a transfer of a controlling interest in your company owning Connecticut real property? ☐ Yes ☐ No
 If "Yes," enter: Transferor Name ☐ Federal Employer ID Number ☐

4. Last taxable year this corporation was audited by the Internal Revenue Service ☐
 Were adjustments reported to Connecticut? ☐ Yes ☐ No (If "No," attach explanation.)

DECLARATION: I declare under the penalties of false statement that I have examined this return and to the best of my knowledge and belief it is true, complete and correct. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

| | | | | |
|--|--------------------------------|-------|------|----------------------------|
| SIGN HERE Keep a copy of this return for your records | Signature of Corporate Officer | Title | Date | Telephone Number () |
| | Paid Preparer's Signature | | | Federal Employer ID Number |
| | Firm's Name and Address | | | Telephone Number () |